

VA BUTLER HEALTHCARE #529, BUTLER, PENNSYLVANIA, VOLUNTARY SERVICES
Volunteer Application – Attachment A

Name: _____

It is the policy at this facility that all (adult and youth) prospective volunteers have their fingerprints taken (for a background investigation) and a PPD Tuberculin skin test conducted (or proper verification of test) prior to beginning any volunteer services. For those unable to have a PPD Tuberculin skin test, alternatives will be reviewed.

Potential volunteers may not volunteer until verification of suitability and a PPD Tuberculin skin test reading has been obtained:

1. Verification of suitability (i.e. fingerprinting/background investigation) usually takes 7 to 10 business days. Upon receiving the suitability, the potential volunteer will be notified of their status and restrictions if noted. A mutually arranged date will be established for the volunteer to obtain their identification badge. Exception: youth volunteers (17 years of age and below) will receive their identification badge during their initial orientation.
2. After the PPD Tuberculin Skin Test has been administered, the potential volunteer must have the skin test read in 48 hours by a certified nursing or medical professional for verification. The person is to report back to the facility for this reading, or if it is more convenient, to another certified medical professional (i.e. nurse, physician, etc.). This verification should be submitted back to voluntary services on the facility's letterhead and the name/title of the person reading the skin test must be clearly noted and legible along with the reading.

____ (initial) I understand that as a volunteer at the VA Butler Medical Center, I will be fingerprinted in accordance with the VA Handbook 0710 "Personnel Suitability and Security Program", dated August 2005, and that once reviewed and adjudicated, the findings may result in my termination as a volunteer or that I may not be permitted to volunteer in certain areas at the facility, and that I will receive written confirmation of such termination or restrictions.

____ (initial) I understand that a PPD Tuberculin Skin Test is a requirement for anyone wishing to volunteer at the VA Butler Healthcare facility and agree to have a PPD Tuberculin skin test administered. **Or,**

____ (initial) I understand that a PPD Tuberculin Skin Test is a requirement for anyone wishing to volunteer at the VA Butler Healthcare facility and that I have had a PPD Tuberculin skin test recently administered within the year with a negative reading and have provided appropriate documentation for verification. However, a PPD Tuberculin skin test may be administered if the test was completed outside an established or recommended timeframe.

Signature of Volunteer

Date

For youth volunteers: By my signature below you I give permission for fingerprinting and a PPD Tuberculin skin test for _____.

Printed Name of Parent/Legal Guardian

Relationship

Signature of Parent/Legal Guardian

Date

Registration Supplemental Form

Name: _____

SSN: _____

DOB: _____

POB: (place of birth) _____

Mother's Maiden Name: _____

Father's Name: _____

Mother's Name: _____

Transferring From: n/a _____

Present Address: _____

Telephone Number: _____

Date and time received

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